

| | | | |
|--|----------------------|------------------------|--------------|
| <h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 5px 0;"><i>(to be used for all correspondence after initial filing)</i></p> | Application Number | 10/697,339 | |
| | Filing Date | October 30, 2003 | |
| | First Named Inventor | Neil MCLELLAN | |
| | Art Unit | 2818 | |
| | Examiner Name | D. Le | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 618902000625 |

| ENCLOSURES <i>(Check all that apply)</i> | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) |
| <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px; float: left; padding: 2px;">Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-------------------------|----------|-------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature | | | |
| Printed name | Adam Keser | | |
| Date | October 26, 2007 | Reg. No. | 54217 |